ciber

Memo to: Tom Wilkey
Date: January 3, 2007
Subject: Election Assistance Commission Accreditation

CC: Wally Birdseye, President CIBER Federal
Terry DeBell, CIBER Manager of Internal Audit and Compliance
Steve Freeman, Election Assistance Commission Auditor

Mr. Wilkey,

This memo is in response to our recent accreditation audit effort that was performed the week of December 6th – 8th, 2006 by Steve Freeman. We have noted Mr. Freeman's non-conformance items and have created Corrective Actions (which are included as part of this document) to address each item identified during the audit. Our Executive Management Steering Committee has reviewed and approved the responses to the Audit Corrective Action Requests.

Please note that some of the items identified by Mr. Freeman have been completed while others are being addressed but require additional effort to complete.

We believe we have done what is necessary to achieve interim accreditation. We would appreciate any comments and/or feedback to ensure that we are proceeding in a manner that will address all EAC concerns.

If you have any questions or would like to discuss our approach please feel free to contact me directly.

Please accept this letter as our official written response regarding resolution or correction of nonconformities as required.

Sincerely,

Shawn Southworth

Shawn Southworth
CIBER Inc.
ITA Practice Director

1 Internal Audit	Audit Corrective Action Request	**ACAR: 4.2 #1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: Top management shall ensure that the integrity of the management system is maintained when changes to the management system are planned and implemented

Nonconformance: 4.2.7 (HDB 150) requirement to maintain integrity during planned change is a new accreditation requirement that needs some basic attention to initial setup.

Requirement: (The laboratory shall:) have managerial and technical personnel who, irrespective of other responsibilities, have the authority and resources needed to carry out their duties, including the implementation, maintenance and improvement of the management system, and to identify the occurrence of departures from the management system or from the procedures for performing tests and/or calibrations, and to initiate actions to prevent or minimize such departures;

Findings: Our understanding of these concerns are:

- We need a stronger process for notifying the ITA of changes to the management system
- We need a stronger process for reviewing suggested changes to ensure that these changes do not impair other areas of the management process or the test methods

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process will be defined further and included in the ITA Practice Operations Manual.

The QA Manager is the only one authorized to make changes to the QA process documents. The QA Manager meets with the ITA staff on a monthly basis to discuss process improvement changes recommended on SharePoint. The effects of the suggested process improvements are discussed at this meeting with: ITA Practice Director, test engineers, TDP reviewers, and other applicable staff members. The QA Manager will take notes through0out this meeting and will implement those suggestions agreed upon and approved by the Practice Director. All changes to the process documents are marked in blue. The new document is then saved in the Processes Under Development folder under "In Review" to await review and approval by the EMSC. The QA Manager will notify the EMSC Chair and the Practice Director. These two entities must review the suggested changes for the overall impact to the management system and test methods. These entities will notify the QA Manager of any additional changes. If no changes are required, the EMSC moves the document from Process under improvement to "Approved." The QA Manager then posts the revised documents on the Process Library.

If changes are required, the QA Manager holds a second meeting with the Practice Director to again determine the impact of the changes to the whole system. Once the Practice Director approves the changes, the QA Manager again submits the documents to the EMSC. This process continues until all parties agree on the new documents. Appropriate levels of EAC review will be included in this process as necessary.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy

was confusing, personnel failed to follow instructions)).

This non conformance was due to a new requirement in the handbook, as well as a need for additional clarification. This process was already taking place, but it was not specified clearly in our process documentation.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Amber Willburn
Date: 2006-12-18

2 Internal Audit	Audit Corrective Action Request	**ACAR: 4.3 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: Unknown (comment found under 4.3 Document Control)

Nonconformance: Not necessarily a non-conformance. A comment from Steve: As a comment, the definition of the periodic cycle for these events was not as well defined with a tendency to point to the next event rather than show how these events were to be scheduled but this expected to be resolved before the next review.

Requirement: May come from Requirement 4.3.2.2: documents are periodically reviewed and, where necessary, revised to ensure continuing suitability and compliance with applicable requirements;

Findings: Our understanding of these concerns are:

- We need a matrix included in our POM that outlines a specific schedule for reviewing the documents. We have a basic schedule (annually, etc), but we need to have them more frequently.
- This requirement also needs the SharePoint calendar to be more complete than it is.
- We also need to flesh out our process for ensuing reviews

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process will be defined further and included in the ITA Practice Operations Manual.

In Section 11.2 Plan QA Activities, we need to define our schedule for reviewing the QA documents, and perhaps even include in the document control section a reference to this schedule. QA meeting are held monthly, during this time, all process improvement requests are reviewed and discussed for inclusion in the next version of the QA documents. The QA manager maintains working copies of new version with inclusions in the QA worksite. Every six months, the QA Manager will produce the new versions of the QA documents for review by the ITA Practice Director and EMSC. All changes, besides minor editing and wordsmithing, must have already been discussed during the monthly QA meetings. The Practice Director and EMSC may assign additional technical and/or quality personnel to review the QA documents for clarity, correctness, and consistency. All changes are related back to the QA manager. The QA Manager then incorporates the approved changes and submits the documents for review again. This process continues until all parties agree.

Although this review of the QA documents occurs every 6 months, it may be necessary to submit new versions of the documents or hold a document review prior to this meeting. Events that may cause a change in QA document review include changes to policy as directed by the EAC, changes in CIBER policy, major process improvements found during testing, or other events such as nonconformance's, staff changes, or any other issue or concern noted by the Practice Director, QA Manager, or EMSC. Should one of these events occur, the QA Manager, ITA Practice Director, and EMSC must be immediately notified. The QA Manager will call a meeting to discuss the changes to the practice documents, and the above noted process will commence.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

This comment was due to the ITA's relatively loose handling of meetings. Since we are a small group, we often just call each other down the hall for a meeting, especially if something is critical. Document reviews have already been occurring, but they have not been captured as efficiently in the POM.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Amber Willburn
Date: 2006-12-19

3 Internal Audit	Audit Corrective Action Request	**ACAR: 4.4 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150-22 Checklist Section: 5.4.6Test and calibration methods and method validation

Nonconformance: Not necessarily a non-conformance. A comment from Steve: A "test method" (TM 2) for Negotiating supports the policies for the review of requests, tenders, and contracts. The basic process showed no issues or problems. Specific items that needed to be identified in a negotiation such as the areas where the CIBER ITA Practice was not qualified under the scope of accreditation (HDBK 150-22, 5.4.6) were identified in the later sections where encountered.

Requirement: May come from Requirement 4.3.2.2: The laboratory shall clearly identify any test methods included in the test campaign that are outside of the laboratory's scope of accreditation.

Findings: Our understanding of these concerns are:

- We need to include steps in our negotiation process that includes notifying the clients of those test requirements that are outside the scope of our testing.
- This process needs to be found in our test plan, test reports, and all other items.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process will be defined further and included in the ITA Practice Operations Manual.

Although not a formal nonconformance, this item is the beginning of one of our major nonconformance issues about the test methods and our relationship with Wyle. As we get these items solidified, they may affect this area. Regardless, we will add a step in our contracts section that specifically addresses CIBER's scope of accreditation.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The delineation between Wyle's scope of accreditation and ours has not been clarified at this moment. We were not aware that this was an issue, or that our scope of testing would change. Additionally, the NIST 150-22 was only brought to our attention at this latest audit.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth is currently working with Wyle to determine the scope of accreditation. Amber Willburn is responsible for including this step into the negotiation process.

Site response completed by: Amber Willburn
Date: 2006-12-19

4 Internal Audit	Audit Corrective Action Request	**ACAR: 4.5 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS

Nonconformance: The specific non-conformance is unclear; however, we did receive a nonconformance for this item. A comment from Steve: CIBER has an exclusive Team Partnering agreement with Wyle Labs based on Wyle's current EAC Interim accreditation.

The relationship of the lead lab under the NVLAP 150/150-22 procedures and EAC preliminary guidance needs some clarification in the instructions to recognize the accredited voting system test lab's increased responsibility under the core requirements as compared with past practice of software/hardware lab. The current procedures for subcontracting recognize the need for the subcontracted tests to be with a lab accredited for the appropriate scope of testing but CIBER is just recognizing that their scope of responsibility for the testing has shifted and they need to be more responsible in the direction and performance of tests formally conducted by the 'hardware' labs. With Wyle's experience and current accreditation, this extended responsibility is blurred as Wyle is in a position to provide more of the service and management than would otherwise be expected.

CIBER will need to pay attention to develop practices in what had formerly been a Hardware ITA exclusive area. Some later non conformance will be in specific areas where CIBER needs to include more details on the full range of test requirements, recognizing their own out of scope status requiring the use of other labs with the appropriate accreditation and CIBERs responsibility in these cases to provide contractual specification of test operation and setup configuration information

Requirement: Specific reference is not made. May come from Requirement 4.5 Subcontracting of tests and calibrations

____ 4.5.1 When a laboratory subcontracts work whether because of unforeseen reasons (e.g., workload, need for further expertise or temporary incapacity) or on a continuing basis (e.g., through permanent subcontracting, agency or franchising arrangements), this work shall be placed with a competent subcontractor. A competent subcontractor is one that, for example, complies with this handbook for the work in question.

____ 4.5.2 The laboratory shall advise the customer of the arrangement in writing and, when appropriate, gain the approval of the customer, preferably in writing.

____ 4.5.3 The laboratory is responsible to the customer for the subcontractor's work, except in the case where the customer or a regulatory authority specifies which subcontractor is to be used.

____ 4.5.4 The laboratory shall maintain a register of all subcontractors that it uses for tests and/or calibrations and a record of the evidence of compliance with this handbook for the work in question.

Findings: Our understanding of these concerns are:

- The EAC must still clarify the scope of accreditation for Wyle and the expectations they have for the VSTLs.
- We need a better definition of the Wyle/CIBER partnership

- We need to write into our policies and practice a more thorough validation of efforts, including creating one test report instead of two
- Need to define in our contract section a better delineation of responsibilities for CIBER, including notifying the client of all tests considered out of scope for CIBER, Inc.
- Need to include in our TM documents more palpable configuration management techniques to ensure a streamlined and consistent testing environment.

It is our understanding that the EAC now wants only to deal with 1 testing lab, instead of two as we have it broken up. Implications from this change need to be reviewed in greater detail to determine how the new Wyle/CIBER organization will look. Again, the nonconformance in this section are vague, but deal with the greater question of "core requirements" as is being defined by the EAC.
Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

At the moment, Shawn is working with Wyle to outline the relationship between the two companies. Additionally, we have requested clarification from the EAC on the "core" and "non core" requirements and how they are accrediting the two.

While these actions items are being completed, we are writing stronger contract language in our negotiation process. We are also reviewing with our legal department any changes that need to be made in MSA, SAL, NDAs, and subcontractor agreements.

Additionally, we need to write into our TM document the fact that we bear overall responsibility for the test. We are no longer just responsible for the software testing, but the entire test. As such, we need to work with Wyle to determine validation efforts for their test methods, as well as develop process for the core requirements. We need to write into our Test Plans and test reports those items that are outside the scope of our accreditation to ensure the EAC, vendors, and as necessary, the general public can retrace the test process.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TBD. Many of these items are in process now and will be reviewed on weekly status calls. However, we are awaiting clarification on some items from the EAC. We can not continue on the process for determining and understanding the relationship between Wyle/CIBER until these clarifications are made.

Changes to the documents will occur by January 9, or soon after, again depending on the clarification from EAC and CIBER legal.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The delineation between Wyle's scope of accreditation and ours has not been clarified at this moment. We were not aware that this was an issue, or that our scope of testing would change. Greater clarification on the CIBER/Wyle team was needed; however, it was not addressed due to the relatively "mom and pop" type shop the ITA was running. Many of the conversations occurred out of professional trust and a long experience of partnership between the two agencies. Also, the fast-paced process of testing did not allow for some of these issues to be brought to light until the audit was initially conducted.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth is currently working with Wyle to determine the scope of accreditation. Amber Willburn is responsible for including changes to the POM and TM. Amber will work with Shawn

and in many instances Jack to ensure the information is correct.

Site response completed by: Amber Willburn
Date: 2006-12-19

5 Internal Audit	Audit Corrective Action Request	**ACAR: 4.7 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS

Nonconformance: This was not noted as a non-conformance: Steve's note: Although not noted in the checklist, it may be worth noting the emphasis on working with previously prepared and validated test methods to provide standard conforming tests rather than acceding too quickly to requests to modify tests at request to vendors.

Requirement: Not noted as a requirements.

Findings: Our understanding of these concerns are:

- We need to add stronger language in our TM about altering test methods. CIBER does have a deviation form that is to be filled out whenever modifications are made for certain machines.
- While certain variables will have to be modified for each vendor (due to the system's capabilities); CIBER needs to follow approved TM and make these methods more applicable to all vendors.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We need to make the process and reasons for deviation more distinct in our TM. Steve provided suggestions and comments during the audit. These comments and suggestions must be evaluated for inclusion in the TM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the moment, we have not had an opportunity to test the new methods on actual projects. Until this time comes, we will not know for sure how our standardized test methods will perform. The cause of this comment seems to be that we did not know what was missing until it was pointed out.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn will add comments from Steve into TM. These will be discussed with Shawn and Jack for applicability and correctness.

Site response completed by: Amber Willburn
Date: 2006-12-19

6 Internal Audit	Audit Corrective Action Request	**ACAR: 4.8 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS

Nonconformance: This was not noted as a non-conformance: Steve's note: The program is restricted to customer complaints and other sources of complaints are not routinely submitted.

Requirement: Not noted as a requirement.

Findings: Our understanding of these concerns are:

- Once the EAC has developed a process for complaints, CIBER will adopt whatever form they have. In the meantime, we need to develop a process for handling complaints besides those from customers, such as EA Complaints, general public complaints, subcontractor complaints, etc.
- Additionally, we need to define "customer complaints." At the moment, we consider customer complaints as formal complaints levied against the ITA. We have a separate process for handling customer issues. These two items need to be defined better, and the process for managing customer issues needs to be included in the POM.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process needs to be expanded and added to the POM and TM (as applicable).

CIBER defines customer complaints as those issues for which the customer and CIBER ITA have not reached an amenable agreement during the course of a conversation, or as those items for which the customer would like to file a formal complaint that will ascend through the CIBER chain.

CIBER defines Customer Issues as those items for which the customer has concerns and has brought them up before the ITA PM or Practice Director. Issues can also be raised by members of the ITA team of by other entities, beyond the customer. Issues are logged and tracked using the SharePoint tool.

All complaints or issues from the EAC will be handled as Customer Complaints.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The difference between these two items has never been discussed due to the new implementation of the SharePoint tool for ITA. Also, issues were handled on the spot with customers, and did not necessitate additional processes.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Amber Willburn
Date: 2006-12-19

7 Internal Audit	Audit Corrective Action Request	**ACAR: 4.9 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS

Nonconformance: No formal non-conformances were noted, but this item was included in the non-conformance report: Steve's note: CIBER is to consider changes to recognize EAC or related stakeholder reports of non-conformance, possible through official EAC process communication or otherwise provide a path (see comments on Complaints) for recognizing such inputs from legitimate stakeholders.

Requirement: Not noted as a requirement.

Findings: Our understanding of these concerns are:

- Once the EAC has developed a process for addressing non-conformances, CIBER will adopt whatever form they have. In the meantime, we need to develop a process for handling non-conformance from the EAC, general public, and other shareholders.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process needs to be expanded and added to the POM and TM (as applicable).

All non-conformance issues, including those from the EAC and other applicable stakeholders must be reported in the issues log. Issues can also be raised by members of the ITA team of by other entities, beyond the customer. Issues are logged and tracked using the SharePoint tool.

All complaints or issues from the EAC will be handled as Customer Complaints. Non-conformances will be weighted by the Practice Director as to whether they should be noted as issues (smaller items that can be resolved on a project), or a Customer Complaint (those items that have bearing on the ITA Practice as a whole).

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The requirement for addressing non-conformance from the EAC is relatively new. As such, we have not included the appropriate verbiage into our process.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Amber Willburn
Date: 2006-12-19

8 Internal Audit	Audit Corrective Action Request	**ACAR: 4.11, 4.12, 4.14, 4.15 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.11 CORRECTIVE ACTION, 4.12 PREVENTIVE ACTION, 4.14 INTERNAL AUDITS, 4.15 MANAGEMENT REVIEWS

Nonconformance: No formal non-conformances were noted, but the executive management review had not yet taken place at the time of the audit.

Requirement: Items 4.11, 4.12, 4.14, and 4.15 all have a statement requiring the review by management. These items have been addressed in a single ACAR report because they all relate to the main issue of completing our annual Management Review found in section:

4.15.1 In accordance with a predetermined schedule and procedure, the laboratory's top management shall periodically conduct a review of the laboratory's management system and testing and/or calibration activities to ensure their continuing suitability and effectiveness, and to introduce necessary changes or improvements.

Findings: Our understanding of these concerns are:

- The Management Review had not taken place, but had been scheduled, prior to the Audit.
- The Management Review had also been a CAR from the internal audit.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The Management Review has already been completed, but active steps must be taken to ensure the review continues. Also, We are anticipating quarterly Management Reviews due to the inordinate amount of changes anticipated in the ITA. These changes will mostly revolve around the implementation of and gradual improvement changes to the ITA QA, operations, and test methods.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

Dec 8th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The requirement for addressing management reviews is relatively new. However, CIBER requires a similar process that we had not been following due to poor communication between CIBER management and the ITA. This communication process has since been rectified. .

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth and the EMSC

Site response completed by: Amber Willburn
Date: 2006-12-19

9 Internal Audit	Audit Corrective Action Request	**ACAR: 4.13 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.13 Control of Records

Nonconformance: No formal non-conformances were noted, but Steve noted: CIBER is to review the new EAC Certification Program Manual and consider adopting the matching retention for election records.

Requirement: At the moment, this comment is not tied to a specific requirement, but Steve anticipates that it will be soon.

Findings: Our understanding of these concerns are:

- The CIBER ITA has not included the requirements from the EAC Certification Program Manual effective January 1st, 2007.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

CIBER will read the suggested record retention in this manual and include the appropriate dates in the POM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

Dec 8th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

This manual was approved on December 7th, 2006, disallowing the ITA from including the information in the record control process.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn will run this through corporate legal to ensure compliance with EAC, Federal standards, and CIBER policy.

Site response completed by: Amber Willburn
Date: 2006-12-19

10 Internal Audit	Audit Corrective Action Request	**ACAR: 4.13 num 2** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.13 Control of Records

Nonconformance: No formal non-conformances were noted, but Steve noted: No disposal procedures are specified and are to be developed. Check with next assessment review

Requirement: 4.13.1.3 The laboratory shall establish and maintain procedures for identification, collection, indexing, access, filing, storage, maintenance and disposal of quality and technical records. Quality records shall include reports from internal audits and management reviews as well as records of corrective and preventive actions.

Findings: Our understanding of these concerns are:

- The CIBER ITA must describe our process for disposing of records.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

CIBER ITA already has a process for disposing of records as written in our security procedures. This process must be elaborated upon and included in the POM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The CIBER ITA has not included the specifics of how records are destroyed, although there is a standard process in place.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn will work with Diane Gray and Shawn Southworth to capture the disposal process for inclusion in the POM.

Site response completed by: Amber Willburn
Date: 2006-12-19

11 Internal Audit	Audit Corrective Action Request	**ACAR: 5.2 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.2 Personnel

Nonconformance: No clear designator that a test engineer is qualified or for what methods. Also Steve noted: The training records, while showing an active training program were inconsistent with different names a scope of training for the same activity. No standardized training plan appears to exist beyond corporate policy of Security and 30 day training

Requirement: No specific requirement is mentioned, however the 5.2 personnel section requires in several areas that the competency of key personnel is verified.

Findings: Our understanding of these concerns are:

- The CIBER ITA must include in the training summaries, or in another area, the date that the practice director or program manager validated the competency of the staff.
- The ITA must standardize the training plans and refer to each training plan the same to enable efficient tracking of training
- We need to create a standardized method of validating training. In some methods, this is done through current testing processes, and for other methods, an interview of the technical ability should be conducted.
- We need to create a training plan for each position, as well as support positions.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are currently in the process of creating training presentations for the POM and for each test method. Accompanying training documentations (i.e. tests, review questions, etc.) are also being developed, while other already existing training items must be included in the training plans.

Once these training presentations are completed, we will have a standardized naming convention to include in the training summaries. As well as a more streamlined process for validating this training.

We are developing a tracking module that will include: Name, Training area (i.e. TDP, Security, and POM), Trainer, Date Competency was reviewed, Reviewer, Date Approved, Date of Reevaluation, and Re-Evaluator. This matrix will be included on the ITA Portal with access granted to Shawn and applicable Project Managers, as necessary. This process must be detailed in the POM.

Once the training presentations are complete, we will be able to develop training plans for each key position. The training plans will be included in the POM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We used the training plans for CIBER Federal and were unaware that they were not complete enough for the EAC. The consistency item is due to our communication with the CSM. We have already begun clarifying the training that is occurring and has occurred.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn will work with Shawn and applicable members of the ITA to capture their information. Amber is also working with John Manning and Theresa Smith to develop training presentations, matrices, and plans.

Site response completed by: Amber Willburn
Date: 2006-12-19

12 Internal Audit	Audit Corrective Action Request	**ACAR: 5.3 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.2 Personnel

Nonconformance: the non-conformance is unclear. Steve's comments do not include a clear recommendation or suggestion. Possible non-conformance could include: Procedures for remote operation require the CIBER test team are defined but consist mainly of taking control of security conditions to ensure reduced risk of interference with testing.

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- CIBER needs to elaborate on our partnership with Wyle, as well as our existing environmental controls at a client site.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are currently discussing Wyle's scope of accreditation as noted in previous ACARs.

We will include more detail on our process for controlling testing at client sites. Steve made a few comments on his checklist that he copies for us. We will glean areas to improve from these comments.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We believe that a greater level of detail was required than we had anticipated.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Amber Willburn
Date: 2006-12-19

13 Internal Audit	Audit Corrective Action Request	**ACAR: 5.4 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.2 Personnel

Nonconformance: The TM does not provide for the inclusion of the non-core test requirements in the test plan or test report. Although not a core requirement, the lab needs to include it in the test planning and report.for direction and integration with the voting system test report as a single document supporting a system certification.

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- We need to include the methods for the non-core testing into our test methods
- We need to include our processes for including these in the test plan and report

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are currently discussing Wyle's scope of accreditation as noted in previous ACARs.

We are also working with Wyle to understand the best way to include these methods in our test report and test plan. Once this is established, we will include these processes in the TM document.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We did not understand that these methods needed to be included in our methods document.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth is working with Wyle. Once all is established, Amber Willburn will include these into the TM.

Site response completed by: Amber Willburn
Date: 2006-12-19

14 Internal Audit	Audit Corrective Action Request	**ACAR: 5.4 num 2** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.2 Personnel

Nonconformance: the test method for the core requirements lack validation and reports for the validation of the tests. They appear to be too general for validation in some cases.

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- We need to include the methods for the non-core testing into our test methods
- We need to include our processes for including these in the test plan and report
- We need process for validating that the test methods are correct and applicable to the test

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are currently discussing Wyle's scope of accreditation as noted in previous ACARs.

We are also working with Wyle to understand the best way to validate their methods. Once this is established, we will include these processes in the TM document.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We did not understand that these methods needed to be included in our methods document.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth is working with Wyle. Once all is established, Amber Willburn will include these into the TM.

Site response completed by: Amber Willburn
Date: 2006-12-19

15 Internal Audit	Audit Corrective Action Request	**ACAR: 5.4 num 3** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.2 Personnel

Nonconformance: The TM specifies the application will be installed by the vendor and fails to provide verification that the software installed matches the Witnessed Build including the operating system and third party software..

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- We need to provide more detailed configuration management processes

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

CIBER already has a process for verifying version of software installed, operating system, and 3rd party software. We need to capture this information and include it in the Witness Build section. As the TM is written, the CM processes is defined in its own section. CM needs to reiterated throughout the entire TM, especially in the Witness Build section.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We did not include the appropriate level of detail.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth is working determining the process. Once all is established, Amber Willburn will include it into the TM.

Site response completed by: Amber Willburn
Date: 2006-12-19

16 Internal Audit	Audit Corrective Action Request	**ACAR: 5.4 num 4** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.4 Test and Calibration Methods and Method Validation

Nonconformance: The test lab needs to explicitly identify tests that it does not hold accreditation

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- We need to identify in our test plan, report, etc, those tests that we hold accreditation for

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are writing in our test plans those test for which we are accredited. Also, in our test reports, when we identify the test methods use, and in the background section, we are identifying to tests for which we are accredited.

In connection with this corrective action, we are actively requesting additional information from the EAC on the test for which we will be accredited. At this moment, it is not clear what our accreditation will cover, and what we will need to rely on Wyle for. We are meeting with Wyle to help address some of these concerns.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We did not know that the accreditation for Wyle and CIBER would be different than we had anticipated.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth is working with Wyle and the EAC to determine the scope of accreditation

Site response completed by: Amber Willburn
Date: 2006-12-27

17 Internal Audit	Audit Corrective Action Request	**ACAR: 5.5 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.4 Test and Calibration Methods and Method Validation

Nonconformance: TM provides for test equipment (support, not the equipment to be tested and certified); to be checked in and inventoried but does not include provisions for maintenance, setup and validation that is operating correctly and for the intended purpose, handling of damaged equipment, or disposal for either CIBER owned or rented equipment or that provided by the vendor for testing such as certified pieces needed to complete test objectives.

In the latter case, readiness testing, care, validation, and setup verification are equally important as for the Equipment under test but needs the care extended beyond the actual test campaign. This area should be relatively minor unless specialized equipment is involved.

This section was not completely reviewed due to time limits and little applicability

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- We need to include in our inventory control process a provision for the maintenance, setup, validation, handling of damaged equipment, and disposal of equipment
- We need to define further the process for CIBER owned and vendor-provided equipment

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

In our Inventory Control Process, we are adding the following sections:

- Maintenance of equipment –
  - This section will describe all of the CIBER owned equipment and our process for maintaining these items, such as personal computers, software, and any other items identified (at this moment, no other items are identified).
  - This section will also identify how we maintain vendor equipment, including our environmental conditions, etc.
- Equipment setup-
  - In this section, we will overall process for setting up vendor equipment to be tested, such as how they are assigned lab space, etc
- Validation of equipment-
  - In this section, we will identify the process for validating that the vendor has provided the correct version, that the equipment (hardware and software) work as described, that the equipment is applicable for the test
  - We will also address the process for validating CIBER's software packages used for the test
  - We will address the process for validating our Hardware partner's process of validating hardware
- Handling of damaged equipment-
  - We already have a process for handling damaged equipment, but it needs to be pulled out and elaborated upon.
- Disposal of Equipment-
  - We have a process for disposing of vendor-related equipment
  - Need to outline CIBER's process for disposing of equipment

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We have been following many of the corporate policies for CIBER equipment, and the vendor policies for their equipment. We have not taken the step to write down all of these policies in one document.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Diane Gray.

Site response completed by: Amber Willburn
Date: 2006-12-27

18 Internal Audit	Audit Corrective Action Request	**ACAR: 5.10 num 1** **Audit Date:** Dec. 6-8

Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.4 Test and Calibration Methods and Method Validation

Nonconformance: Work by other accredited labs needs to be identified (test plan and contract also) and validated that the lab is qualified. The results need to be validated that they are appropriate for the report. If the work is outside of the scope of accreditation for the contracting lab, this condition needs to be explicitly stated (ref 5.4.6 in the HDBK 150-22)

HDBK 150/150-22 requires specification of processing for reports for other purposes. Note that this involves branding issues where claiming the authority as an accredited lab may not be appropriate. Recognized alternate reports are for state certification and internal to the vendor.

Requirement:
5.4.6 The laboratory shall clearly identify any test methods included in the test campaign that are outside of the laboratory's scope of accreditation.

Findings: Our understanding of these concerns are:

- We need to include in our negotiation with the customer, test plan, and test report all work done outside the accreditation for the contracting lab
- We need a process for verifying that the lab is qualified to do the work

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

In our negotiation process, we need to include a statement about notifying the customer of all work outside the scope of our accreditation.

We will need to include a process for validating that the other lab is qualified. We are working with Wyle to develop a streamlined process for this. Also, we are seeking clarification on the scope of accreditation for both CIBER and Wyle.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TBD. The items that only need to be included in our processes will be completed by Jan 25th. However, we must wait for our scope of accreditation and Wyle's before we can proceed on these items.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We were not aware of the NIST 150 – 22 checklist until the audit.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn and Shawn Southworth.

Site response completed by: Amber Willburn

Date: 2006-12-27

19 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 01 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 1.k
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 1.k

Findings: Test plan should include the tests that are not in the core responsibilities but are still required for the certification of the system. The test plan is to be complete for all requirements. Where the test requirements are outside of the core tests, the plan should identify the accredited lab to be used, what materials and directions need to be given to the lab, what support is to be provided, how the labs report will be validated (correct configuration for the certification, appropriate operations for a voting system) and how the report is to be included In the final report

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define tests that are not in the core responsibilities. Identify all accredited labs used, what materials and directions need to be given to the lab, what support is to be provided, how the labs report will be validated and how the report is to be included In the final report

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

20 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 02 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 2.d
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 2.Source Code Review, D. Review for coding conventions and integrity requirements.

Findings: Need to validate Using Exam Diff Pro and provide validation report.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define usage of Exam Diff Pro COTS tool and provide validation.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

21 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 03 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. B
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical Configuration Audit, B. Accessibility standards

Findings: Accessibility CIBER provides test cases to Wyle

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define test cases for accessibility for Wyle to perform.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

22 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 04 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. C
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical Configuration Audit, C. Construction, including safety

Findings: Construction to be included in planning and reports but identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle)

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define process to check for planning and reports from Wyle to include construction and safety information.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

23 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 05 Audit Date: 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. E.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical configuration audit, E. Hardware transportation and storage tests.

Findings: Hardware transportation and storage tests needed to be included but identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle);

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define process to check for hardware transportation and storage tests in report from Wyle.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

24 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 06 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. F.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical configuration audit F. Hardware operational environmental tests.

Findings: EMC and electrical test suite. identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle);

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define process to check for EMC and electrical test suite in Wyle reports.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

25 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 07 Audit Date: 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. I.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical configuration audit. I. Reports for the hardware, EMC and electrical, and Safety tests and inspections.

Findings: Include tests above in report. (note-previous ACAR's 4,5,6)

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define processes in ACAR's 4,5,6.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

26 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 08 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 4. E.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 4. Functional configuration audit. E. Verify HAVA functional requirements.

Findings: In the Functional Requirements Checklist v.1.1 need to update for HAVA 301 requirements that are not in current VSS 2002 list.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Update Functional Requirements Checklist v.1.1 to include HAVA 301 requirements that are not in current VSS 2002 list.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

New requirement to include HAVA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

27 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 09 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. A.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration tests. A. Accuracy For non-COTS systems, includes 48 hr environmental operating test.

Findings: Accuracy

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Need to research accuracy areas for non-cots systems and 48hr environmental operating test to determine scope and process to define.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware that these requirements were our responsibility. In the past these types of tests were performed by the hardware ITA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

28 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 10 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. B.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration tests. B. Reliability. For non-COTS systems, includes 48 hr environmental operating test

Findings: Reliability

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Need to research reliability areas for non-cots systems and 48hr environmental operating test to determine scope and process to define.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware that these requirements were our responsibility. In the past these types of tests were performed by the hardware ITA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

29 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 11 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. C.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration tests. C. Volume tests

Findings: Volume tests (could not find in review but may be there)

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Ensure procedures exist for volume testing of both cots and non-cots systems. Also ensure that this information is included in the NCTR.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

Volume testing for non-cots was the responsibility of the hardware ITA, now we must ensure we have procedures for non-cots as well as cots volume testing.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

30 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 12 Audit Date: 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. D.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration testing. D. Security Tests

Findings: Security tests need to perform and add to report layout.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Need to develop security tests and add results to NCTR.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

Security testing is not well defined and needs to have procedures clearly defined.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

31 EAC Audit	Audit Corrective Action Request	**ACAR #** 6.0 - 13 **Audit Date:** 12/08/2006

Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. F.
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration testing. F. Telecommunication, as applicable to system design

Findings: Telecommunication tests per VSS 2002/HAVA

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Need to define procedures for hardware ITA on telecommunications, also need to add results to NCTR.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents all vendors claim that all telecommunications were unofficial results which isn't required to be tested. We need to develop procedures for this testing by the hardware ITA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19